

11/24/00



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11-27-00

PTO/SB/05 REV 1 (12/97)

Approved for use through 09/30/2000. omb 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.		SJO919980026US2	
First Inventor or Application Identifier:		T. Lin et al	
Title	SPIN VALVE READ HEAD WITH ANTIFERROMAGNETIC OXIDE FILM AS LONGITUDINAL BIAS LAYER AND PORTION OF FIRST READ GAP		
Express Mail Label No.		EL749517559US	

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 44] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to Microfiche Appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li></ul>	7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Computer Readable Copy</li><li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li><li>c. <input type="checkbox"/> Statement Verifying identity</li></ul>
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC) 113 [Total Sheets 14]	
4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"><li>a. <input type="checkbox"/> Newly executed (original or copy)</li><li>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]</li><li>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li></ul>	
5. <input checked="" type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	

## ACCOMPANYING APPLICATION PARTS

8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
10. <input type="checkbox"/> English Translation Document (if applicable)
11. <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of IDS (IDS) with PTO-892 Citations
12. <input checked="" type="checkbox"/> Preliminary Amendment
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input checked="" type="checkbox"/> Other: Express Mail Certification

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  
☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09 / 138,306  
Prior application information: Examiner W. Korzuch Group/Art Unit 2754

## 18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)					
NAME		Ervin F. Johnston			
ADDRESS		International Business Machines Corporation 5600 Cottle Road			
CITY	San Jose	STATE	California	ZIP CODE	95193
COUNTRY	USA	TELEPHONE	619-334-5883	FAX	619-448-1904

Name (Print/Type)	Ervin F. Johnston	Registration No. (Attorney/Agent)	20,190
Signature		Date	November 24, 2000

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PTO/SB/17 REV 1 (12/97)

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# FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective November 10, 1998.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12

See 37 C.F.R. §§ 1.27 and 1.28

TOTAL AMOUNT OF PAYMENT

(\$) **996.00**

Complete If Known

Application Number

(unknown)

Filing Date

(herewith)

First Named Inventor

T. Lin et al

Examiner Name

(unknown)

Group / Art Unit

(unknown)

Attorney Docket No.

**SJO919980026US2**

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

**09-0442**

Deposit Account Name

**International Business Machines Corp.**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☐ Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance. 37 CFR 1.311(b)

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101 710	201 355	Utility filing fee	<b>710.00</b>
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

**SUBTOTAL (1) (\$) **710.00****

### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims <b>27</b>	<b>20**</b>	<b>7 x 18</b>	<b>126.00</b>
Multiple Dependent Claims <b>5</b>	<b>3**</b>	<b>2 x 80</b>	<b>160.00</b>

\*\* or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Fee Fee Fee

Code (\$) Code (\$)

103 18 203 9

102 80 202 40

104 270 204 135

109 80 209 40

110 18 210 9

Fee Description

Claims in excess of 20

Independent claims in excess of 3

Multiple dependent claim

\*\* Reissue independent claims

over original patent

\*\* Reissue claims in excess of 20

and over original patent

**SUBTOTAL (2) (\$) **286.00****

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for response within first month	
116 390	216 195	Extension for response within second month	
117 890	217 445	Extension for response within third month	
118 1,390	218 695	Extension for response within fourth month	
128 1,890	228 945	Extension for response within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive unavoidably abandoned application	
141 1,240	241 620	Petition to revive unintentionally abandoned application	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 710	246 355	Filing a submission after final rejection (37 CFR 1.129(a))	
149 710	249 355	For each additional invention to be examined (37 CFR 1.129(b))	
179 710	249 355	Request for continued examination (RCE) (37 CFR 1.114)	

Other fee (specify)

Other fee (specify)

**SUBTOTAL (3) (\$)**

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Typed or Printed Name

**Ervin F. Johnston**

Signature

## COMPLETE (if applicable)

Reg. Number

**20,190**

Date

**November 24, 2000**

JC490 U.S. PTO

09/721851



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DATE OF DEPOSIT: November 24, 2000

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED  
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Ervin F. Johnston

NAME

SIGNATURE